APPLICATION DATA SHEET

Application Information

Secrecy Order in Parent Appl.::

Application Number::	
Filing Date::	June 27, 2003
Application Type::	Non-Provisional
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CFR)?::	
Number of Copies of CFR::	
Title::	APPARATUS AND METHOD TO SWITCH PACKETS USING A SWITCH FABRIC WITH MEMORY
Attorney Docket Number::	32172-188433
Request for Early Publication?::	
Request for Non-Publication?::	
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	
Latin Name::	
Variety Denomination Name::	
Petition Included?::	
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship::

USA

Country::

USA

Status::

Full Capacity

Given Name::

Robert

Middle Name::

B.

Family Name::

MAGILL

Name Suffix::

City of Residence::

Mishawaka

State or Province of Residence::

Indiana

Country of Residence::

USA

Street of Mailing Address::

54750 Bonnet Hill Trail

City of Mailing Address::

Mishawaka

State or Province of Mailing

Indiana

Address::

Country of Mailing Address::

USA

Postal or Zip Code of Mailing

46545

Address::

Applicant Authority Type::

Inventor

Primary Citizenship::

USA

Country::

USA

Status::

Full Capacity

Given Name::

Kenneth

Middle Name::

P.

Family Name::

LABERTEAUX

Name Suffix::

City of Residence::

South Bend

State or Province of Residence::

Indiana

Country of Residence::

USA

Street of Mailing Address::

609 E. Oakside St.

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Initial 06/27/03

City of Mailing Address:: South Bend State or Province of Mailing Indiana Address:: **Country of Mailing Address::** USA Postal or Zip Code of Mailing 46614-1210 Address:: **Applicant Authority Type:**: Inventor **Primary Citizenship:**: Country:: Status:: Full Capacity Given Name:: Middle Name:: Family Name:: Name Suffix:: City of Residence:: State or Province of Residence:: **Country of Residence:: Street of Mailing Address::** City of Mailing Address:: State or Province of Mailing Address:: **Country of Mailing Address::** Postal or Zip Code of Mailing Address:: **Applicant Authority Type::** Inventor **Primary Citizenship::** Country::

Given Name::

Middle Nam :: Family Name::

Status::

Full Capacity

Domestic Priority Information Application: Continuity 1		Parent	· · ·		Dovo	m4 Eilie	ng Date::
Representative Customer Number::	26694						
Representative Information							
E-Mail Address::				•			
Fax Number::	(202) 96	52-8300					
Phone Number::	(202) 96		,	٠.			
Correspondence Customer Number::	26694		-				•
Correspondence Information				* .	*		÷
		•					
Postal or Zip Code of Mailing Address::	,						
Address:: Country of Mailing Address::				•			
State or Province of Mailing		•					
City of Mailing Address::		\$				٠	-
Street of Mailing Address::							
Country of Residence::							
City of Residence:: State or Province of Residence::							; *
Name Suffix::							

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
Current	Non-Provisional of	60/392,422	June 27, 2002
	Continuation of		
	Continuation of		
, , , , , , , , , , , , , , , , , , , 	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
			·

Assignee Information

Assignee Name::

Tellabs Operations, Inc.

Street of Mailing Address::

One Tellabs Center

1415 West Diehl Road, MS 16

City of Mailing Address::

Naperville

State or Province of Mailing

Illinois

Address::

Country of Mailing Address::

USA

Postal or Zip Code of Mailing

60563

Address::

DC2-467124